

Name
in
Full

Beattie Adams

CERTIFICATE OF DEATH

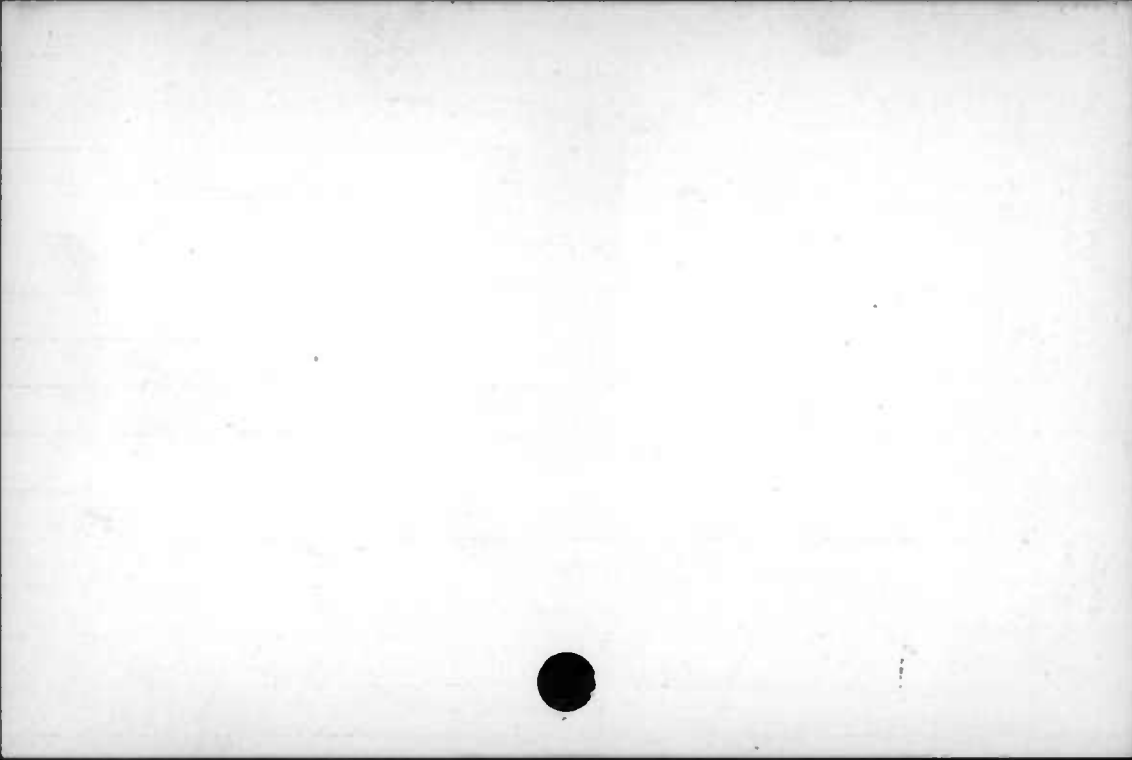
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Pomeroy</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>2</i>	Day <i>4</i>	Age <i>1</i>	Years <i>6</i>	Months <i>1</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Charles Co</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>New Pomeroy</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>_____</i>			
Father's Name <i>Robert A. Adams</i>			Father's Birthplace <i>Charles Co</i>		
Mother's Maiden Name <i>Julia M. Adams</i>			Mother's Birthplace <i>"4</i>		
Name of person giving information <i>Robert A. Adams</i>			How related to deceased <i>Widow</i>		

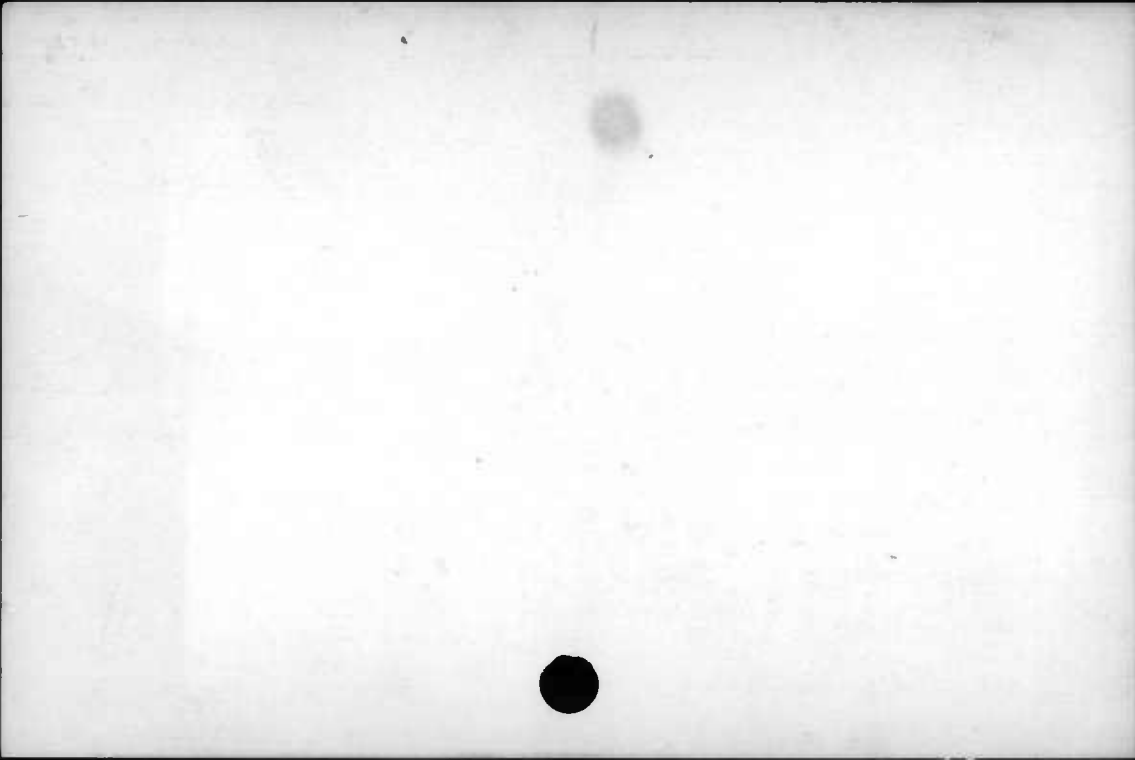
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera</i>	How long <i>one day</i>
Immediate <i>4 hours</i>	How long <i>9</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Henry G. Robertson</i>
	Address <i>Sub Ry</i>
Accident or Suicide? <i>_____</i>	



Name in Full		Theresa Boardman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>St Thomas</i> Town		County <i>Charles</i>		MARYLAND	
		Date of death <i>1905</i> Month <i>Feb.</i> Day <i>9</i>		Age <i>60</i> Years		Months <i>—</i> Days <i>—</i>	
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Charles Co.</i>	
		Occupation <i>Housewife</i>		Where Residing if not at place of death <i>St Thomas</i>			
		Married, Single or Widowed		Name of Wife Husband <i>Washington Boardman</i>			
		Father's Name <i>Baptist Short</i>		Father's Birthplace <i>Charles Co.</i>			
		Mother's Maiden Name <i>Philomena Short</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Washington Boardman</i>		How related to deceased <i>Husband</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Cerebral Hyp. & Mark. Defect</i>				How long <i>2 yrs +</i>	
		Immediate <i>Rupt. Cereb. & Pul. Ed. & Inf.</i>				How long <i>6 weeks</i>	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>[Signature]</i>	
						Address <i>Bel Air Md</i>	
		Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

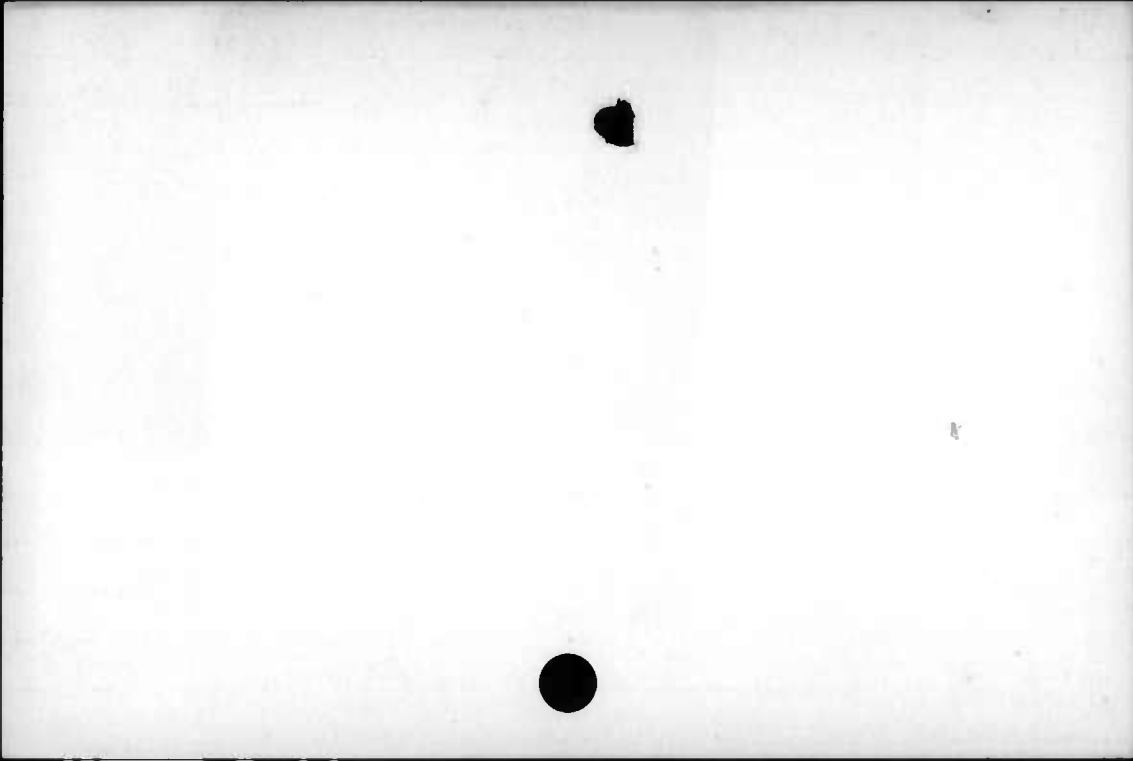
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Berry P.O.</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Date of death 190 <i>0</i>	Month <i>Feb</i>	Day <i>10</i>	Age <i>—</i>	Months <i>—</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Chas Co; Md.</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>J. Sam'l Boswell</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>Bertha Hamilton</i>			Mother's Birthplace <i>Chas Co Md</i>		
Name of person giving information <i>J. Sam'l Boswell</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Malassimilation</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Hickerson</i>
Address <i>J. M. Hickerson</i>	<i>Sub Reg</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Not-Named Boswell (m/f)*

Died at *Near Berry P.O.* *Charles* County

City *Charles* State *MARYLAND*

Date of death 190*6* Month *Feb* Day *9* Age *—* Years *—* Months *—* Days *1*

Sex *Male* Color or Race *White* Birth-place *Chas Co; Md.*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *J. Sam'l Boswell* Father's Birthplace *—*

Mother's Maiden Name *Bertha Hamilton* Mother's Birthplace *Chas; Co; Md*

Name of person giving information *J. Sam'l Boswell* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Malassimilation* How long *1 day*

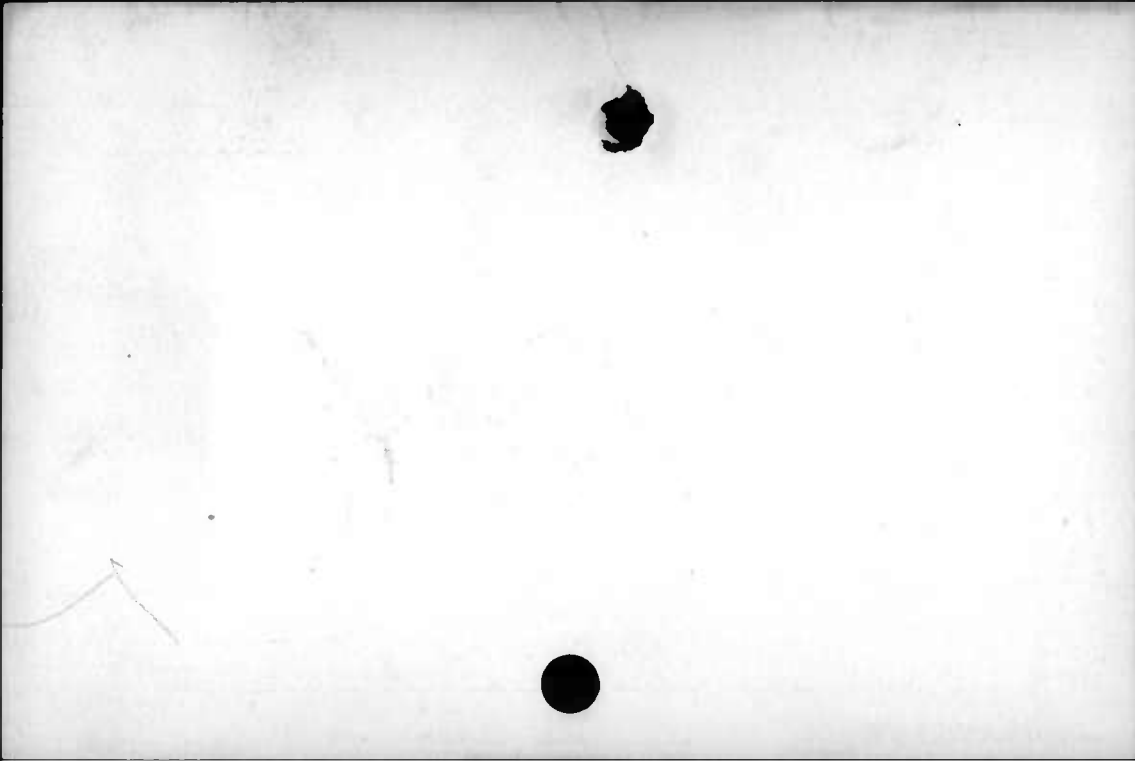
Immediate *Exhaustion* *151* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. M. Hickerson*

Address *Sub Reg*

Accident or Suicide? *—*



Name
in
Full

Morrice Coates

CERTIFICATE OF DEATH

Town

Died at

Palmer City

County

Charles

MARYLAND

Date

1905

Month

Feb

Day

13

Years

Age 13

Months

Days

Sex

Female

Color or
Race

Coid

Birth-
place

MD

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Frank Coates

Father's
Birthplace

MD

Mother's
Maiden Name

Morrice Robinson

Mother's
Birthplace

MD

Name of person giving
Information

Philip Coates

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Organic disease of heart-

How long

2 yrs

Immediate

Pneumonia

How long

24 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

L. C. Garrison

Address

Palmer City

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

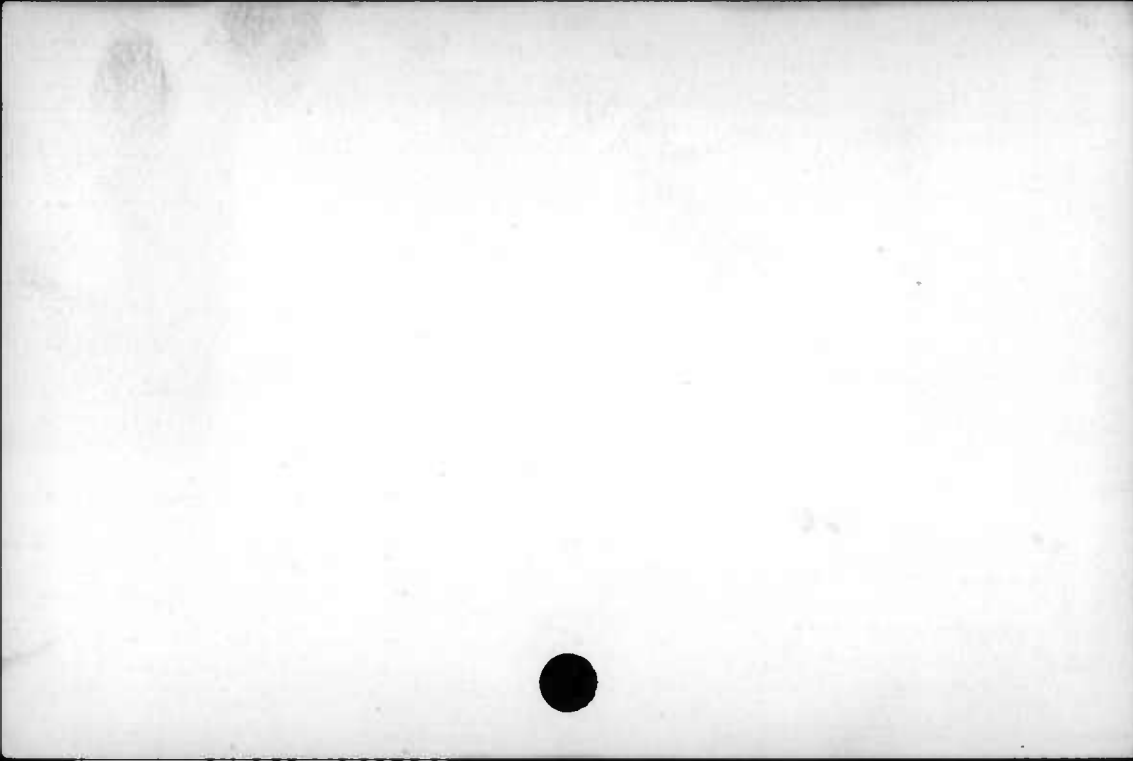
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near La Plata</i>			County <i>Charles</i>		MARYLAND	
Date of death <i>1905</i>	Month <i>Feb</i>	Day <i>4</i>	Years <i>about 53-</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Charles Co</i>			
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>widow</i>		Name of Wife or Husband <i>—</i>				
Father's Name <i>— Jenkins</i>			Father's Birthplace <i>West River</i>			
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>			
Name of person giving information <i>W. H. Wentz</i>			How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>27</i>	How long <i>about 2 years</i>
Immediate <i>Exhaustion - the art failure</i>	How long <i>—</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. S. O'Connell</i>	
<i>Yes</i>	Address <i>La Plata Md</i>	
Accident or Suicide?		



Name
in
Full

William Francis Cusick

CERTIFICATE OF DEATH

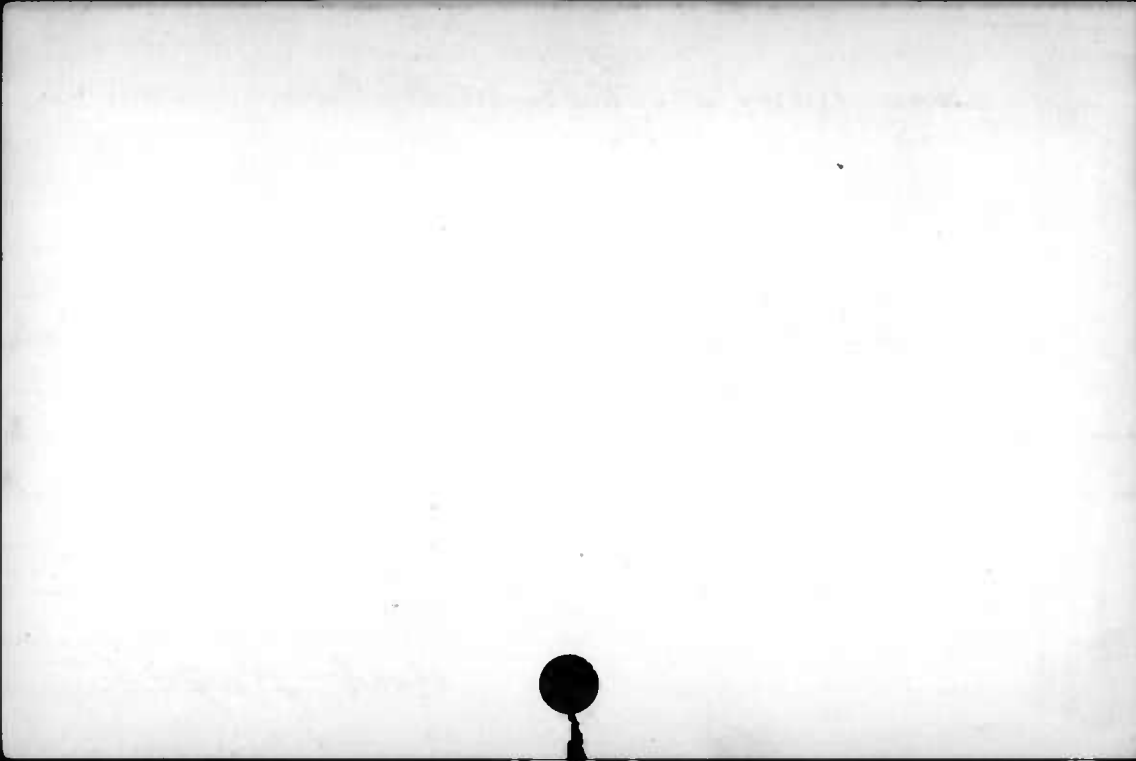
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bryantown</u>		County <u>Charles</u>		MARYLAND	
Date of death <u>1904</u>	Month <u>3</u>	Day <u>3</u>	Age	Years <u>1</u>	Months <u>—</u>
Sex <u>male</u>		Color or Race <u>white</u>		Birth-place <u>near Bryantown</u>	
Occupation <u>none</u>		Where Residing if not at place of death <u>near Bryantown</u>			
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>Annie Cusick</u> <u>Philip A Cusick</u>			
Father's Name <u>Philip A. Cusick</u>		Father's Birthplace <u>St Marys Co.</u>			
Mother's Maiden Name <u>Annie Cusick</u>		Mother's Birthplace <u>St Marys Co.</u>			
Name of person giving Information <u>Philip A. Cusick</u>		How related to deceased <u>Parents</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Bad Cold</u>	How long <u>3 days</u>
Immediate <u>Grippe</u>	How long <u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Philip A Cusick</u>
	Address <u>Bryantown</u>
Accident or Suicide? <u>1905</u>	



Name
in
Full

CERTIFICATE OF DEATH

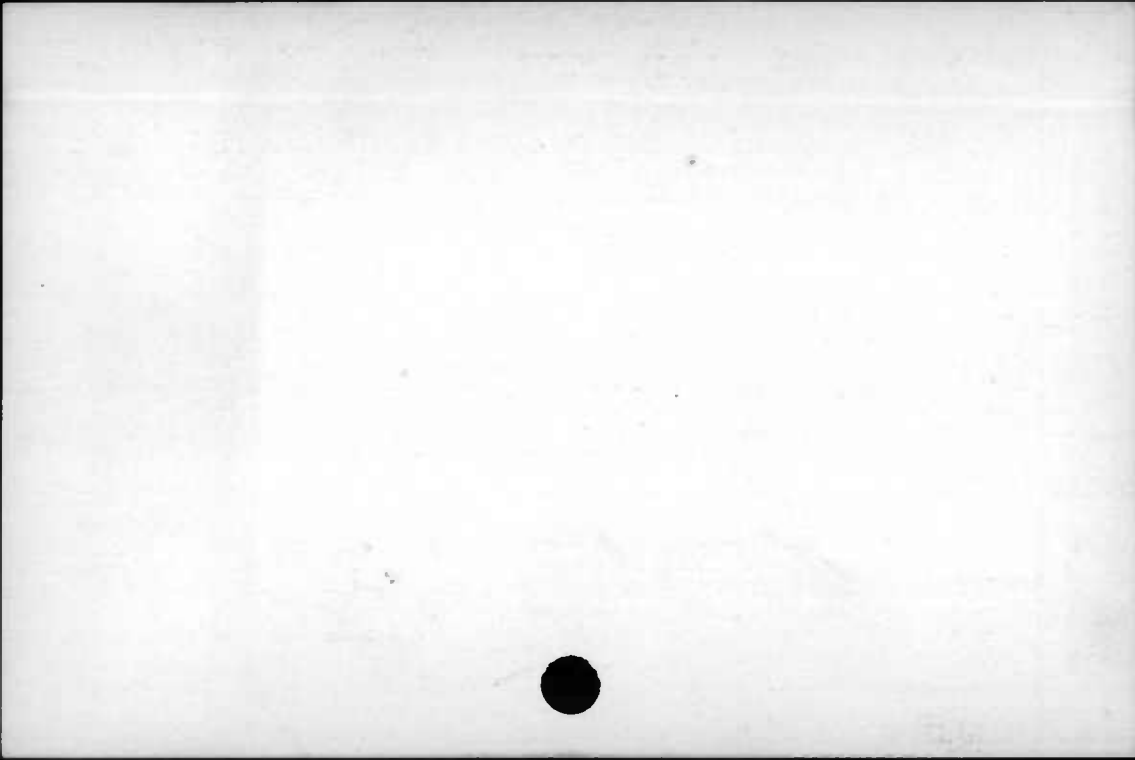
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant-Child</i>		Town <i>Nanperry</i>		County <i>Charles</i>		MARYLAND	
Died at <i>near Nanperry</i>		Date of death <i>1900 Feb 1</i>		Age <i>3rd</i>		Months <i>0</i>	
Sex <i>female</i>		Color or Race <i>B</i>		Birth-place <i>Charles C. md</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Nanperry</i>					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Joseph Henson</i>		Father's Birthplace <i>Charles C. md</i>					
Mother's Maiden Name <i>James Laining</i>		Mother's Birthplace <i>C C C C</i>					
Name of person giving information <i>William H. Key</i>		How related to deceased <i>Friend</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Very Delicate</i>	How long <i>151</i>	How long <i>4 days</i>
Immediate <i>When Born</i>		
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Marimillian J. J. J.</i>	
	Address <i>Sub Regt</i>	
Accident or Suicide?		



Name
in
Full

Catherine Cornelia Howard

CERTIFICATE OF DEATH

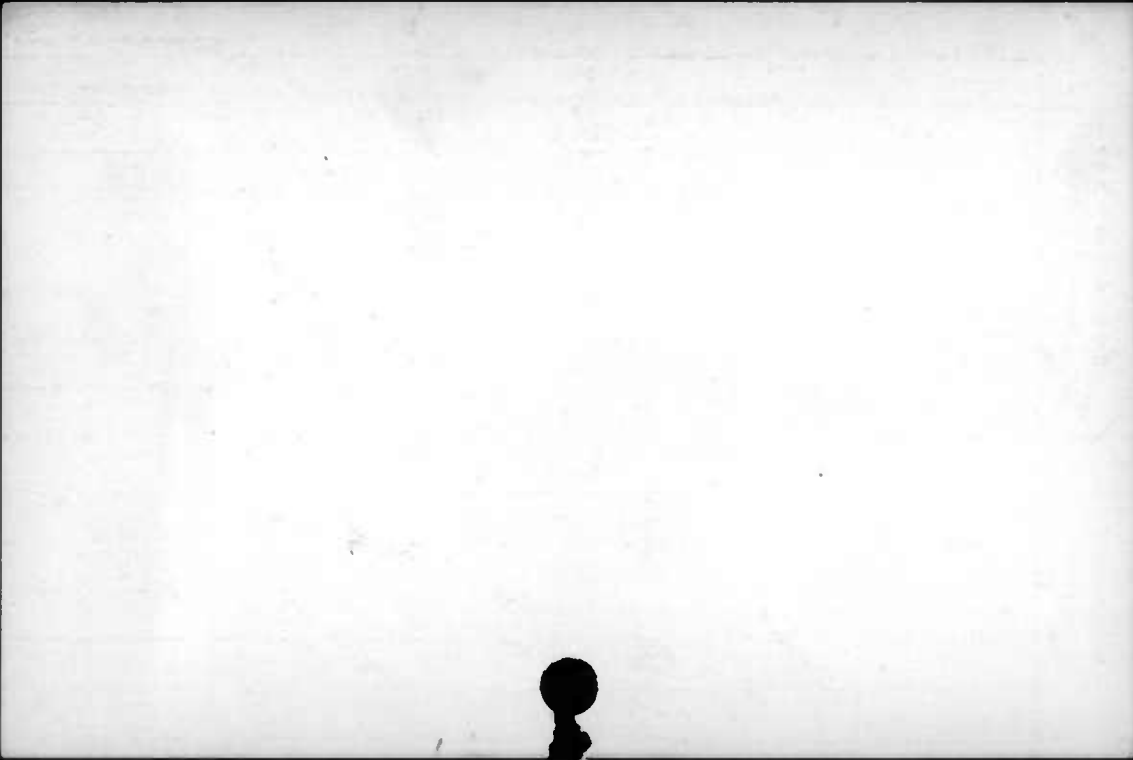
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Faulkner</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	<i>Feb.</i> ^{Month}	<i>16</i> ^{Day}	Age <i>72</i> ^{Years}	<i></i> ^{Months}	<i></i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Charles Co.</i>		
Occupation <i>Postmaster</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>not known</i>		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Bernard A. Howard</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La Grippe</i>	How long <i>5 days</i>
Immediate <i>Pneumonia</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>[Signature]</i>
	Address <i>Bel Alton</i>
Accident or Suicide?	<i>yes</i>



Name
in
Full

Mary Jackson

CERTIFICATE OF DEATH

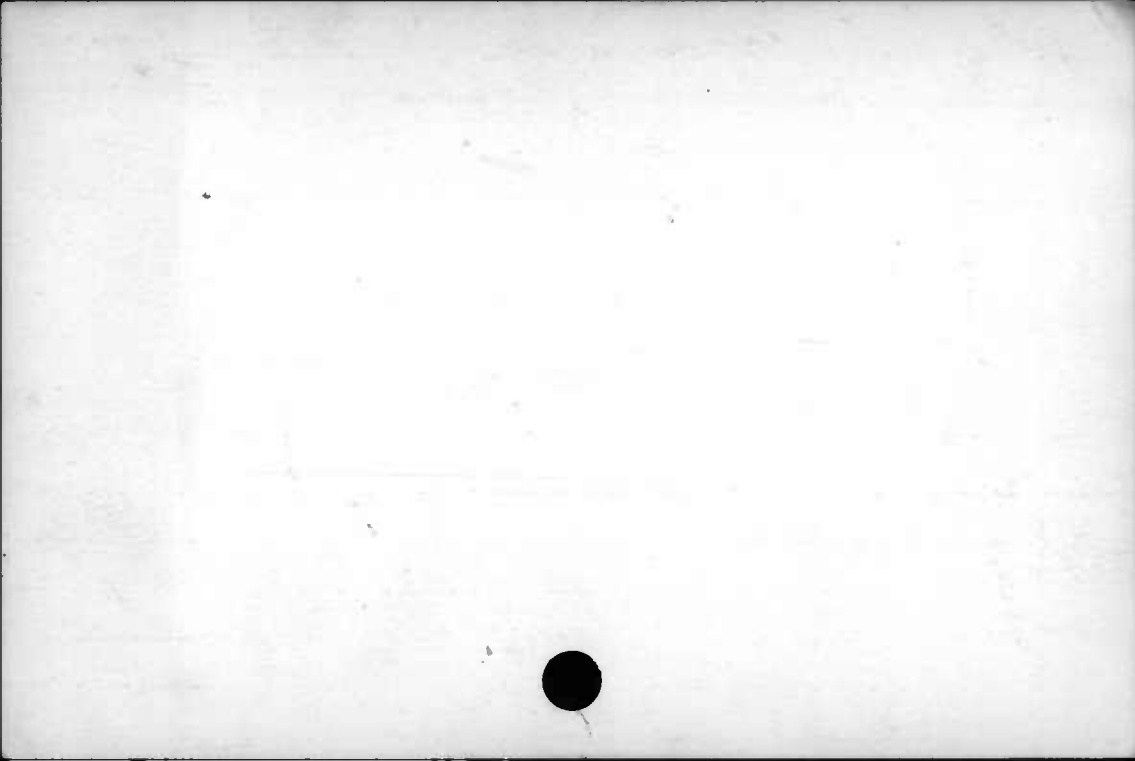
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pisgah</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1905</i>	Month <i>2</i>	Day <i>9</i>	Age <i>18</i>	Months	Days
Sex <i>7</i>	Color or Race <i>C</i>		Birth-place <i>md.</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>at home</i>		
Married, Single or Widowed <i>S</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Engd Jackson</i>			Father's Birthplace <i>md</i>		
Mother's Maiden Name <i>Lizzie Churn</i>			Mother's Birthplace <i>md</i>		
Name of person giving information <i>Edward Jackson</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Phthisis Pulmonalis</i>	How long	<i>W</i> <i>Life time</i>
Immediate	<i>Asthma</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Samuel L. Cannon M.D.</i>	
<i>Yes</i>		Address <i>Mason Springs</i>	
Accident or Suicide?		<i>md</i>	



Name
in
Full

Hop. Howard

Marshall

CERTIFICATE OF DEATH

Died at ^{Town} White PlainsCounty
Chesles

MARYLAND

Date
of death 1905 Feb

Month

Day

17

Age
Years

—

Months

Days

26

Sex
MaleColor or
Race

Black

Birth-
place

Md.

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden Name

Mittie Marshall

Mother's
Birthplace

Md.

Name of person giving
In formation

Mittie Marshall

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Croup

How long

Immediate

Exhaustion

How long

Sunday

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

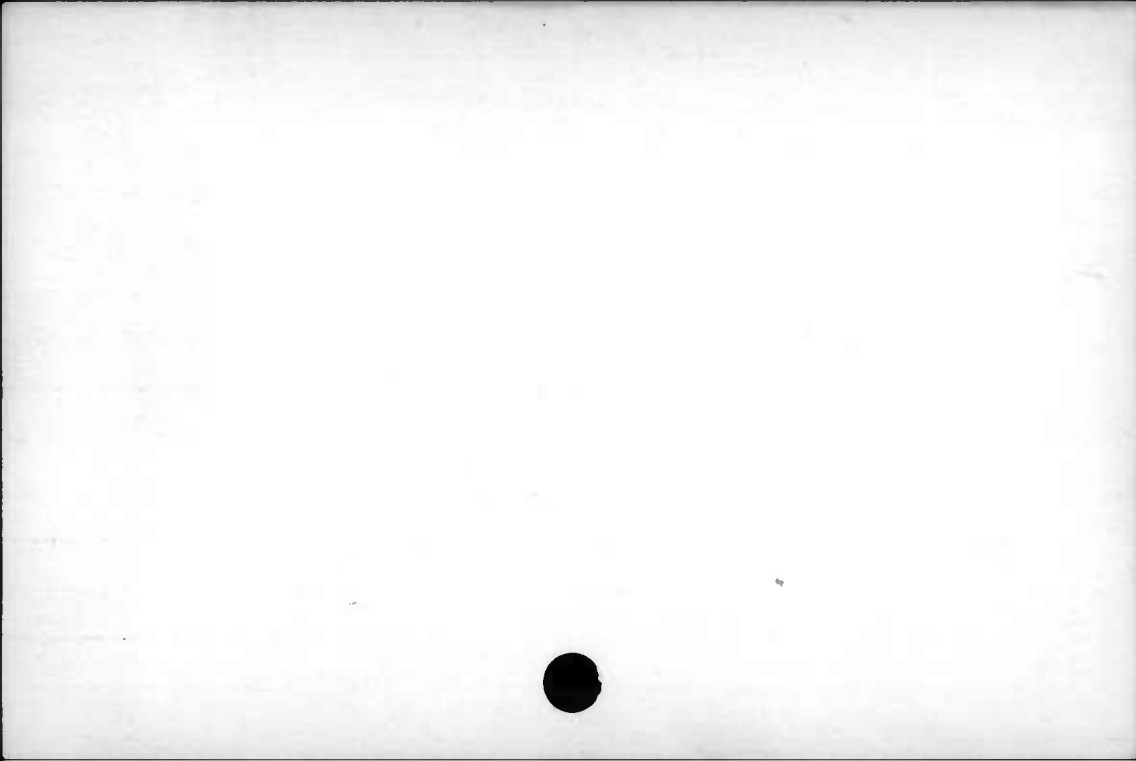
Address

J. O. Howard

Waco, Va.
Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

F. Hughes Mills

Town

La Plata

County

Charles

MARYLAND

Died at

Date

of death 1905

Month

February

Day

eighth

Age

Years

53

Months

9

Days

Sex

Male

Color or
Race

White

Birth-
place

Charles County

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of Wife or
Husband

Mary D. Mills

Father's
Name

Francis H. Mills.

Father's
Birthplace

Charles County

Mother's
Maiden Name

J. O. Mills.

Mother's
Birthplace

Charles County

Name of person giving
Information

H. Mitchell Diggers.

How related
to deceased

Wh. relative

CAUSES OF DEATH

Primary

Brights Disease

How long

120 3 or 4 yrs

Immediate

Pleurisy Pneumonia - heart failure

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Thos. S. Owen, M.D.

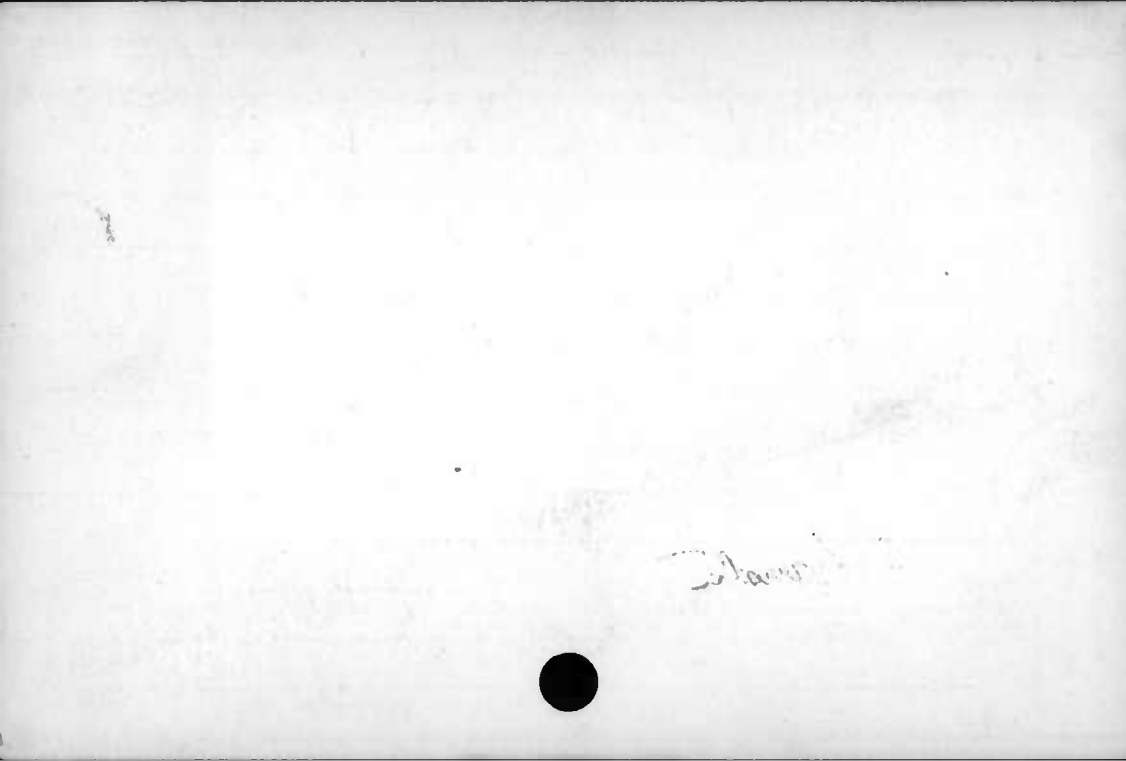
Address

La Plata

md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Hellen Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Near ^{Town} *Mattawoman*^{County} *Charles*Date
of death *1904*Month *2*Day *19*

Age

Years *25*Months *—*Days *—*Sex *Female*Color or
Race *White*Birth-
place *Maryland*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed *Single*Name of Wife or
Husband *—*Father's
Name *John J. Murray*Father's
Birthplace *Maryland*Mother's
Maiden Name *Ida Jamison*Mother's
Birthplace *Maryland*Name of person giving
In formation *John J. Murray*How related
to deceased *Father*

CAUSES OF DEATH

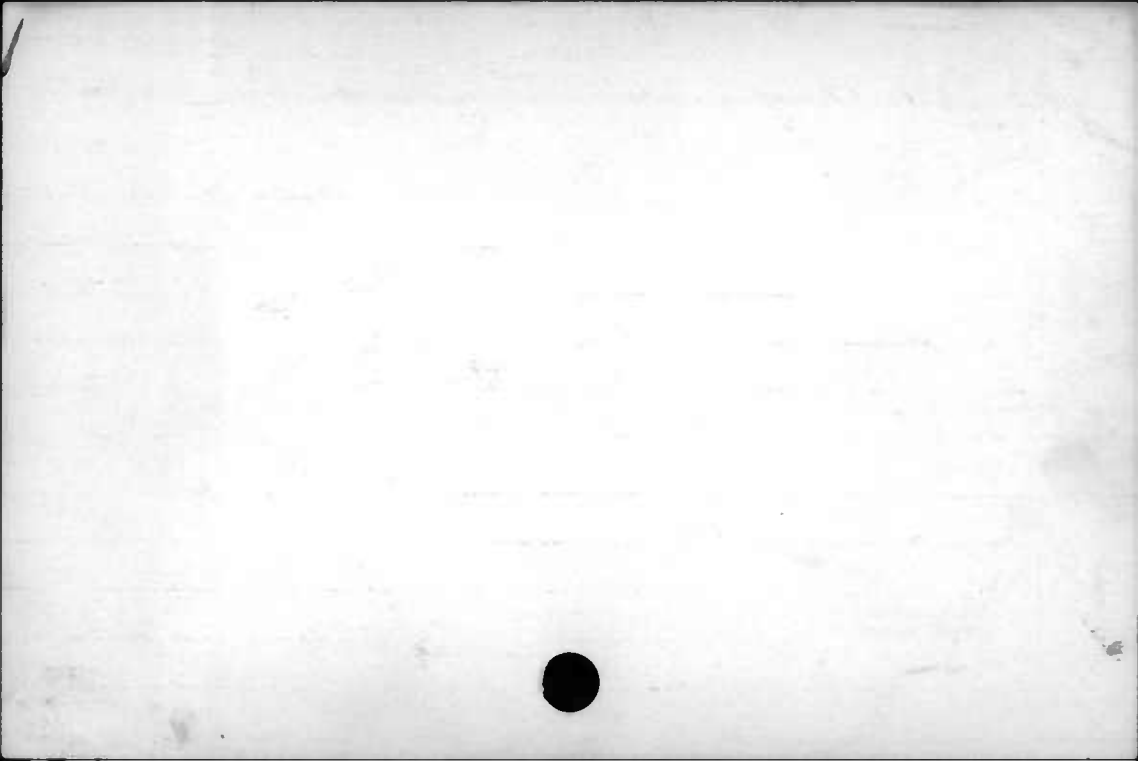
Primary *Pulmonary Tuberculosis*How long *about 18 mo.*Immediate *Exhaustion*

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician *John A Cor*Address *213.
Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Elizabeth C. Norris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Laurel Spring near Port Tobacco Charles

Date of death 1905 February 23 Age 76 Months Days

Sex Female Color or Race White Birth-place Chas County

Occupation Housewife Where Residing if not at place of death at place of death

Married, Single or Widowed Widowed Name of Wife or Husband A. J. Norris

Father's Name John W. Hunt Father's Birthplace Charles County

Mother's Maiden Name Catherine Bates Mother's Birthplace " "

Name of person giving information E. L. Norris How related to deceased Grand Son

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Catarrh of Throat & Intestines How long About 8 years

Immediate Exhaustion How long a week

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

No. T. Diggers Port Tobacco Md

Accident or Suicide?



Name
in
Full

William North Hawkins

CERTIFICATE OF DEATH

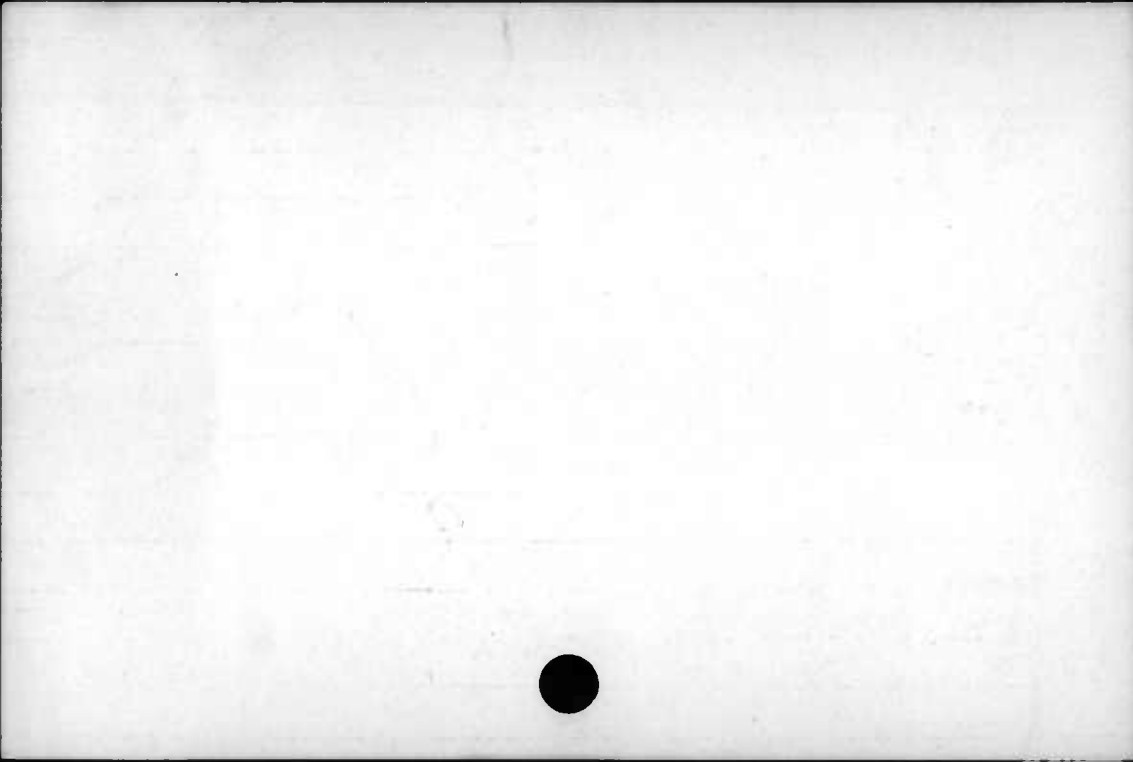
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		1905	Month	Feb.	Day	6	Age
						Years	Months
						Days	7
Sex	Male		Color or Race	Colored		Birth-place	Washington D.C.
Occupation	None		Where Residing if not at place of death		at place of death		
Married, Single or Widowed	Single		Name of Wife or Husband		None		
Father's Name						Father's Birthplace	
Mother's Maiden Name	Geryanna Carter					Mother's Birthplace	Ind-
Name of person giving information	Thos. Day					How related to deceased	Not Related

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Whooping Cough		How long	Two weeks
Immediate	Broncho-pneumonia		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		J. W. Mitchell		
		Address		
		Pomunkey Ind		
Accident or Suicide?		No		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Philip Smart

Town

County

MARYLAND

Died at Bel Allin

Date

of death 1905

Month

Feb

Day

7

Age

Years

86

Months

Days

Sex

Male

Color or
Race

Colored

Birth-
place

Charles Co.

Occupation

Labourer

Where Residing if not
at place of deathMarried, Single
or Widowed

Widower

Name of Wife or
HusbandFather's
Name

Philip Smart

Father's
Birthplace

Charles Co.

Mother's
Maiden Name

Sant. Knew

Mother's
BirthplaceName of person giving
Information

Joseph Smart

How related
to deceased

Son

CAUSES OF DEATH

Primary

Dropsy

How long

7 months

Immediate

Heart Failure

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

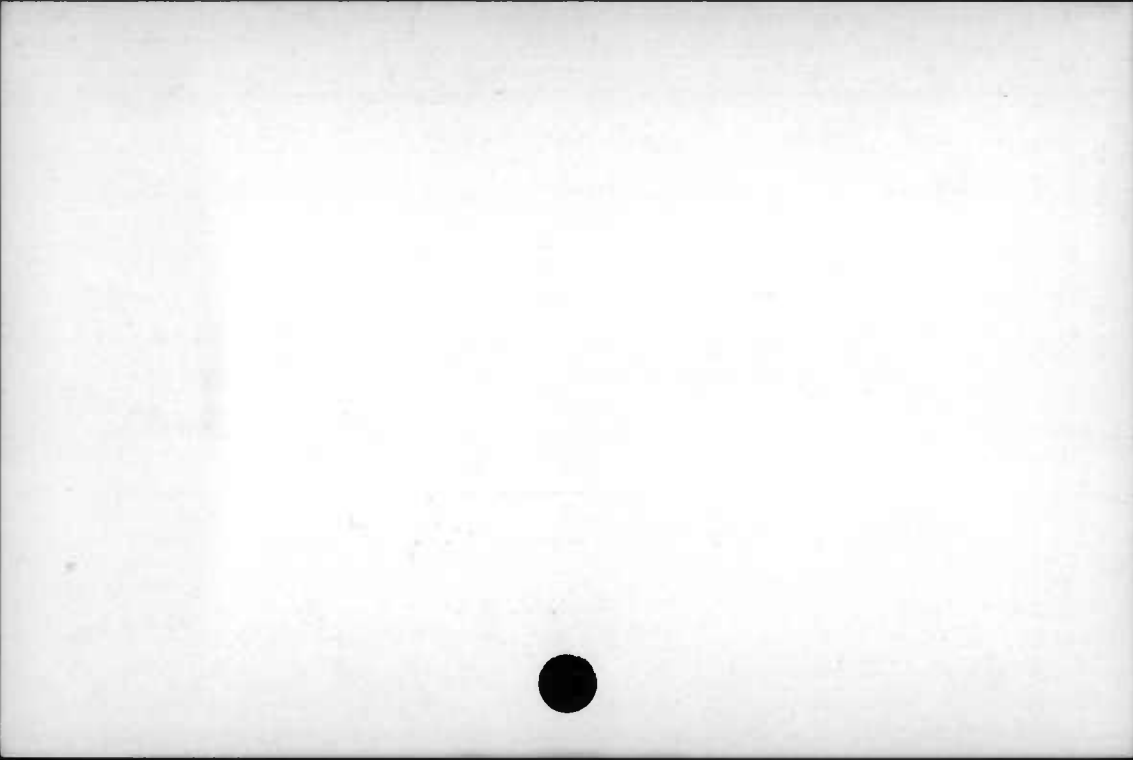
Yes

Signature of
Physician

Address

Peter W. Roby Corner
Bel Allin M.d.

Accident or Suicide?



Name
in
Full

George M. Tolson

CERTIFICATE OF DEATH

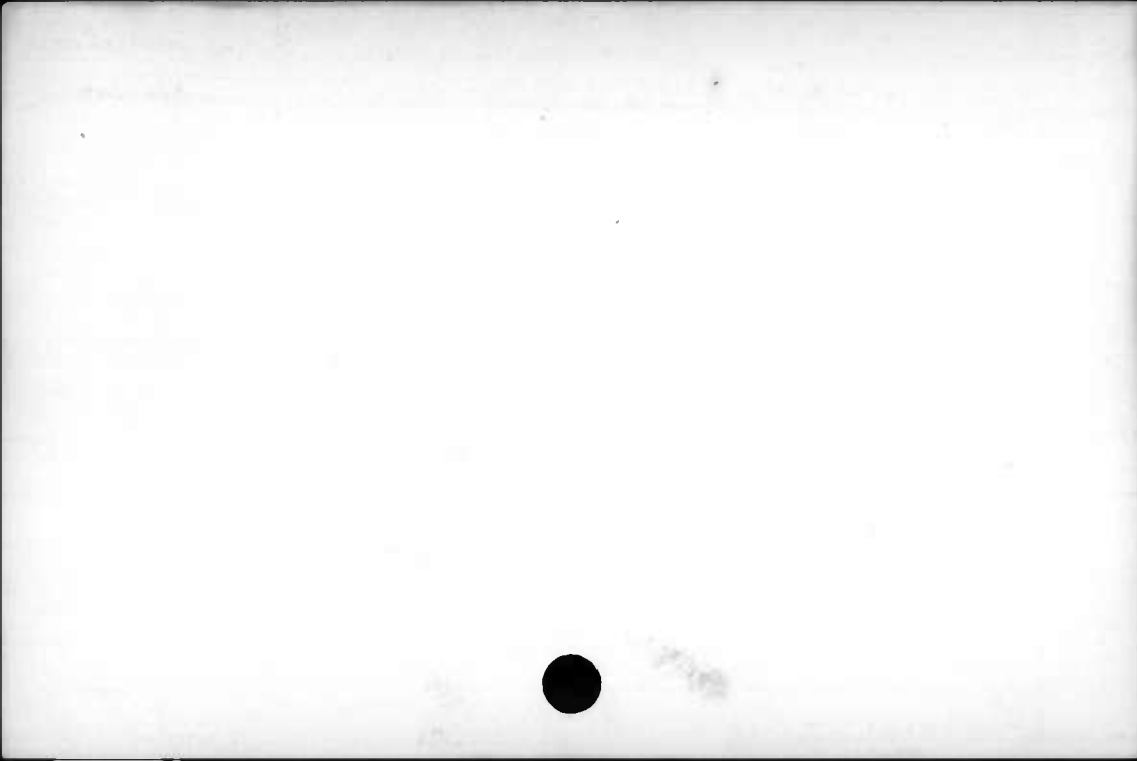
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Gallant Green</i> <small>Town</small>		<i>Charles</i> <small>County</small>		MARYLAND	
Date of death	<i>1905</i>	Month	<i>Feb</i>	Day	<i>15</i>
Age		<i>3</i>	Years	Months	<i>10</i>
Sex	<i>Male</i>	Color or Race	<i>Colo.</i>	Birth-place	<i>Md</i>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		<i>Single</i>			
Name of Wife or Husband					
Father's Name			<i>George Tolson</i>		
Father's Birthplace			<i>M-d</i>		
Mother's Maiden Name			<i>Mary Farmer</i>		
Mother's Birthplace			<i>Md</i>		
Name of person giving Information			How related to deceased		
			<i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Burned to death</i>	How long	<i>167</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>No Dr in attendance</i>		<i>Signed by George Tolson</i>	
Accident or Suicide?		Address	
		<i>The father</i>	



Name
in
Full

Eliza Ann Boon Work (Colored)

CERTIFICATE OF DEATH

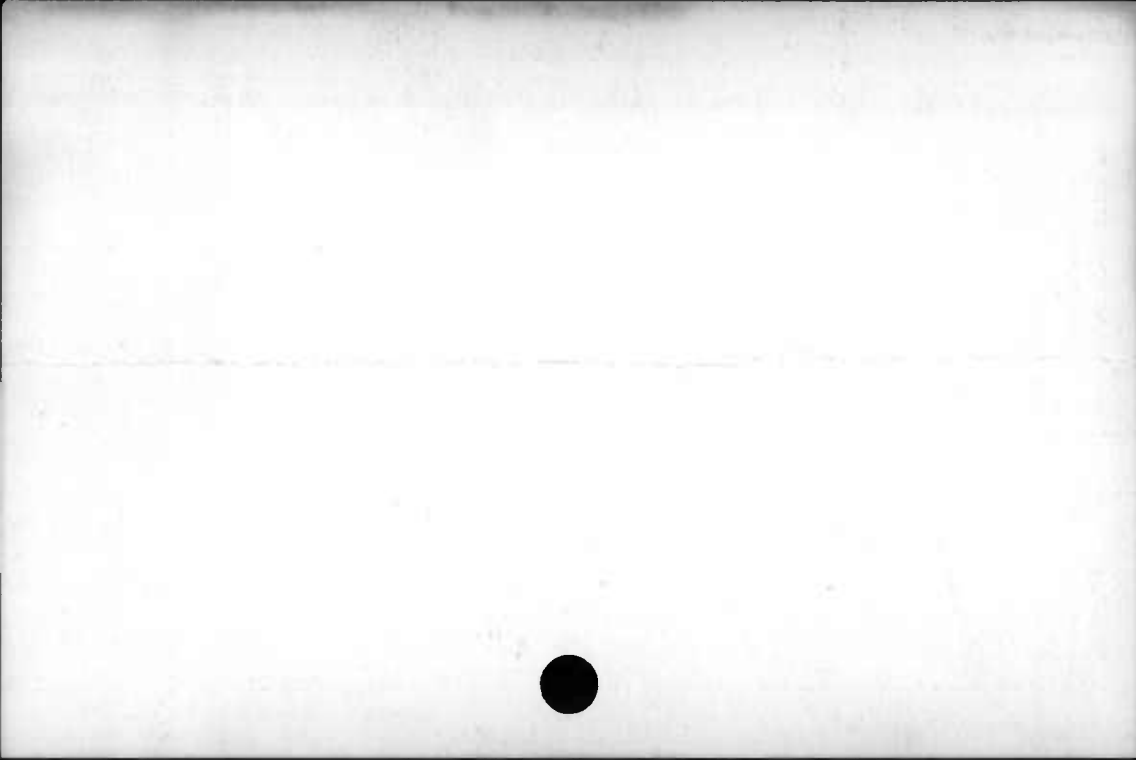
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Waldorf</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1905-</i>	Month <i>2</i>	Day <i>27th</i>	Years <i>45</i>	Months	Days
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Chas. Co.</i>	
Occupation <i>Sevent</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information <i>Son</i>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>18 mo</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>P. H. Hawkins M.D.</i>
	Address <i>La Ploto mo</i>
Accident or Suicide?	<i>✓</i>



Name
in
Full

Wesley West

CERTIFICATE OF DEATH

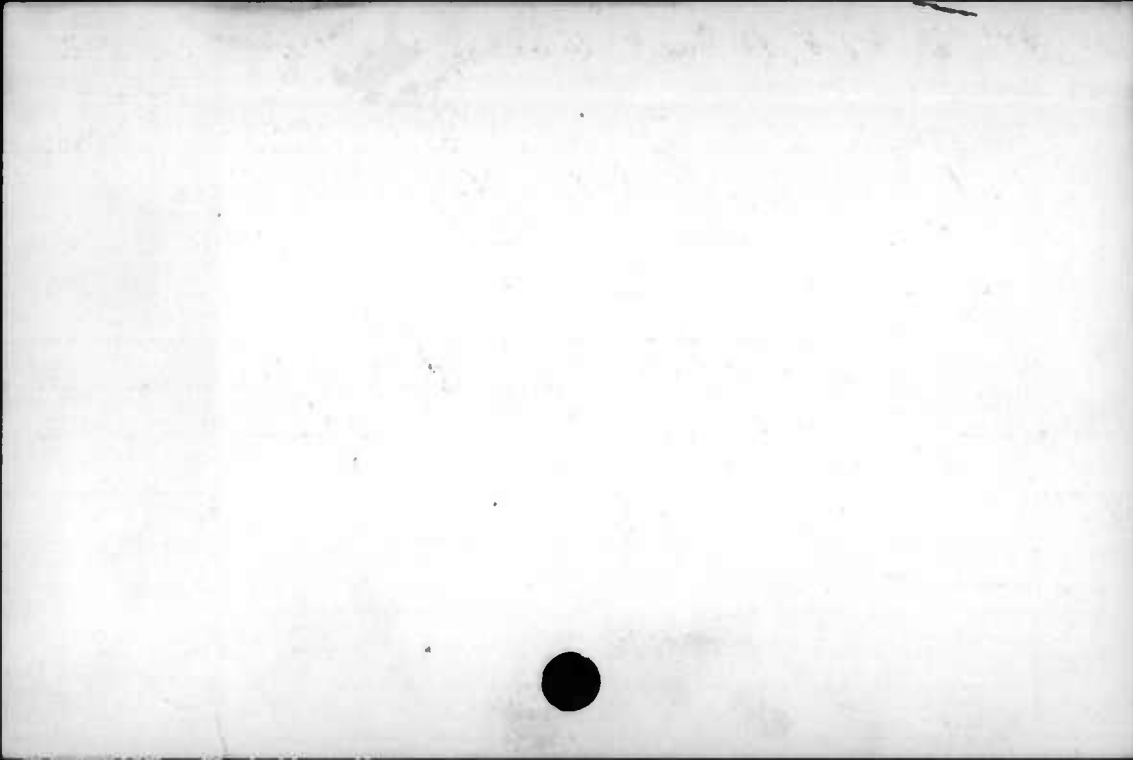
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New London 3 Dist</i>		Town <i>Chas</i>		County	
Date of death <i>1905 Feb</i>		Month	Day <i>14</i>	Age <i>70</i>	Years
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>md</i>		Months	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Husband <i>Tom West</i>				
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information <i>Tom Barber</i>		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Heart disease with Dropsy</i>	How long <i>6 mo. or year</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. H. Speake MD</i>
	Address <i>Grayton Md.</i>
Accident or Suicide?	



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>La Plata</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death	1905	Month	2	Day	17
Age		8		Years	2
Sex	Male		Color or Race	white	
Occupation	Dry Goods Merchant		Birth-place	Maryland	
Where Residing if not at place of death		La Plata			
Married, Single or Widowed	Widower		Name of Wife or Husband	Mary Youngman (dead)	
Father's Name	<i>Wm. Youngman</i>		Father's Birthplace	Germany	
Mother's Maiden Name	Rachel Young		Mother's Birthplace	don't know	
Name of person giving information	C. E. Wade		How related to deceased	Son in law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>La Grippe - Effects old age</i>	How long	
Immediate	<i>& heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. S. Owen M.D.</i>
		Address	<i>La Plata</i>
Accident or Suicide?			<i>md</i>

